



**HAWAII STATE ETHICS COMMISSION**  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
NISHIHARA,	Ronald	G.	808/548-2912
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			808/548-2975
(City)	(State)	(Zip Code)	
Mililani, HI	96789		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
n/a			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE	
Castle & Cooke Homes Hawaii, Inc.	808/548-4811	
MAILING ADDRESS (Street)	FAX	
P.O. Box 898900	808/548-2975	
(City)	(State)	(Zip Code)
Mililani, HI	96789	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Harry A. Saunders	808/548-4811	
MAILING ADDRESS (Street)	FAX	
P.O. Box 898900	808/548-2975	
(City)	(State)	(Zip Code)
Mililani, HI	96789	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

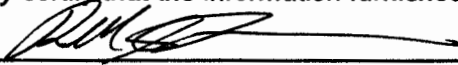
Planning, Land & Water  
Use Management

Other: (indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

12/29/04

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

Harry A. Saunders

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

President

NAME OF ORGANIZATION (if applicable)

Castle &amp; Cooke Homes Hawaii, Inc.

TELEPHONE

808/548-4811

MAILING ADDRESS (Street)

P.O. Box 898900

FAX

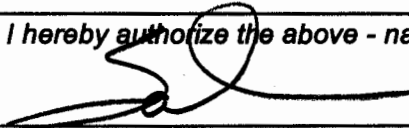
808/548-2975

(City)

Mililani, HI 96789

(State)

(Zip Code)

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

12/30/04

(Date)